

## **COMBINED DECLARATION & POWER OF ATTORNEY - U.S.A Application**

As a below named inventor, I hereby declare that:

(check one)

[X]

is attached hereto

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled COMBINATIONS OF PROSTAGLANDINS AND BRIMONIDINE OR DERIVATIVES THEREOF the specification of which

• • • • • • • • • • • • • • • • • • • •	Ü				Serial No	-
			national Applica nded on			
I hereby st specification, include	ate that I ling the cla	have reviewe ims, as amend	d and understa ed by any amen	and the cond	tents of the above.	ve-identified
I acknowled application in accor- priority benefits un inventor's certificat country other than application for pate before that of the P	rdance with nder 35 US te, or §365( n the Unit ent or inver	Title 37, Code SC § 119(a)-(d a) of any PCT ed States, list ator's certificat	e of Federal Reg ) or §365(b) of International a ted below and te, or PCT Inter	culations, §1 any foreign application v have also i	n application(s) for which designated identified below	claim foreign or patent or at least one any; foreign
					r 1	
Number		Country	Day/Month/Yr	filed)	Priority Not Claimed	
I hereby c application(s) listed		benefit under	35 USC §119	(e) of any	y United States	provisional
Application No	<b>o</b> .	Filing Date				
I hereby cl	aim the be	nefit under T	itle 35, United	States Code	e, §120 of any U	nited States

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application No. Filing Date

08/330,050 May 5, 1994

08/710,636 February 5, 1998

I hereby appoint CARLOS A. FISHER, Registration No. 36,510 (to whom all communications are to be directed), at Allergan, Inc. (T2-7H), 2525 Dupont Drive, Irvine, CA. 92612, telephone number (714) 246-4920, facsimile number (714) 246-4249, and the belownamed persons (of the same address) individually and collectively my attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith and with the resulting patent, with full power to appoint associate attorneys:



Name	Registration No.		
Robert Baran	25,806		
Martin A. Voet	25,208		
Stephen Donovan	33.433		
Cynthia O'Donohue	44,980		

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under §1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

First Name:	Initial	Last Na	Last Name		
Michael	E.	Garst			
<b>RESIDENCE &amp; CITIZENSH</b>	IP				
City Newport Beach	State or Foreign Country California		Country of Citizenship USA		
POST OFFICE ADDRESS				Zip Code	
Post Office Address 2627 Raqueta	Newport Beach		State or Country California		
SIGNATURE OF FIRST INVE	Elant	DATE:	Nov	-99	